OHS/LPH-505 (2/04)

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918

PHARMACIST RELICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Pharmacy. Questions regarding your application can be directed to the Michigan Board of Pharmacy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6 weeks processing time.

GENERAL INSTRUCTIONS FOR RELICENSURE AS A PHARMACIST

1. **An individual whose license has been lapsed for less than three years must:**

(a) Complete the relicensure application and controlled substance application (if applicable) for a pharmacist and submit it with the appropriate fee(s). An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

(b) Submit proof of completion of 30 hours of approved continuing education credit, obtained within the two years immediately preceding the date of application for relicensure. Submit copies of completion certificates or transcripts for all approved educational courses or programs attended. Since originals cannot be returned, submit photocopies **ONLY**.

(c) Have each state board, where you hold or have ever held a pharmacist license, submit verification of that license directly to this office.

2. **An individual whose license has been lapsed for three or more years must:**

(a) Complete the application for relicensure as a pharmacist and submit it with the appropriate fee(s). An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

(b) Submit proof of completion of 30 hours of approved continuing education credit, obtained within the two years immediately preceding the date of application for relicensure. Submit copies of completion certificates or transcripts for all approved educational courses or programs attended. Since originals cannot be returned, submit photocopies **ONLY**.

(c) Have been licensed and engaged in the practice of pharmacy in another state during the period that the license was expired **OR** complete a program of practical pharmacy experience of not less than 200 hours as follows:

(I) The individual shall practice under the personal charge of a currently licensed pharmacist.

(ii) The individual shall notify the board, in writing, of the name of the supervising pharmacist and the name and address of the pharmacy before beginning the required practical experience.

(iii) Upon completion of the required practical experience, the supervising pharmacist shall forward to the board a verification of the applicant's completion of the hours.

NOTE: Applicants who need to gain the 200 hours of practical experience, in Michigan, must apply for a temporary license that is issued once and valid for 18 months.

(d) Take and pass the Multi-state Pharmacy Jurisprudence Exam (MPJE) administered by the National Association of Boards of Pharmacy (NABP). After you submit your application for relicensure an exam booklet will be sent to you.

(e) Have each state board where you hold or have ever held a pharmacist license, submit verification of that license directly to this office.

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

APPLICATION FOR RELICENSURE

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Board Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ **Pharmacist Relicensure - Fee: $80.00 71-5302-06**
- ☐ **Pharmacist Temporary License* - Fee: $25.00 71-5302-04**
  *(Issued only to those applicants who need to gain 200 hours of practical experience in Michigan)

Controlled Substance License: Complete the attached DCH/LPH-090 form and return with 1 year fee of $85.00.

Your check or money order drawn on a US financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH**. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? ☐ Yes ☐ No	Michigan Registration Number and Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	☐ Yes	☐ No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	☐ Yes	☐ No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	☐ Yes	☐ No
4. Have you been treated for substance abuse in the past 2 years?	☐ Yes	☐ No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	☐ Yes	☐ No
6. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 or more in any consecutive 5 year period?	☐ Yes	☐ No

Name

7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? ❒ Yes ❒ No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ❒ Yes ❒ No

9. Do you hold or have you held a pharmacist license in Michigan or in any state(s)? List each state, the license number, the date issued, and how it was obtained. DO NOT LIST TEMPORARY LICENSES. **You must have each state board verify licensure directly to this board office.** (Attach additional sheets if necessary.) ❒ Yes ❒ No

State	Permanent License Number	Date of Issue	Obtained by (Exam/Endorsement)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date

Michigan Department of Community Health
Board of Pharmacy
P.O. Box 30670
Lansing, MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

DCH/LPH-090 (03/05)

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufacturers, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Board Use Only
License Number
Date of Licensure

Type or Print Only

INSTRUCTIONS

1. CONTROLLED SUBSTANCE FEE: **Initial (first time) professional license or relicensure of your professional license - $85.00. If you already hold a professional license and your professional license expires in:**

0-12 months the fee is $85.00 (13757) **13-24 months the fee is $160.00 (23757)** **25-36 months the fee is $235.00 (33757)**

2. **M.D./D.O. Applicants: This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.**

3. **Allow up to six weeks for your paper license to arrive.**

Your check or money order drawn on a U.S financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH**. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name

THIS LICENSE VALID - ONLY AT THE FOLLOWING LOCATION

Street	Telephone Number

City	State	ZIP Code

TYPE OF PROFESSIONAL LICENSE

(Please Check One):

	Regular		Educational Limited
☐ 29 - 01 D.D.S. 71-5315	☐	or	☐
☐ 59 - 01 D.P.M. 71-5315	☐	or	☐
☐ 69 - 01 D.V.M. 71-5315	☐	or	☐
☐ 43 - 01 M.D. 71-5315	☐		
☐ 51 - 01 D.O. 71-5315	☐		
☐ 49 - 01 O.D. 71-5330	☐		
☐ 53 - 01 Pharmacy Store 71-5301	☐		
☐ 53 - 02 R.Ph. 71-5302	☐		
☐ 53 - 06 Manuf./Wholesaler 71-5306	☐		

STATUS:

1. **Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?**

☐ **Yes** ☐ **No**

If Yes, please explain on separate sheet.

2. **Is your current professional license limited as a result of Board disciplinary action?**

☐ **Yes** ☐ **No**

Michigan Permanent I.D. Number (as shown on your pocket card)	
Expiration Date of License	Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature	Date

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

DCH/HLD-001 (12/04)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.

- ❒ Chiropractic
- ❒ Counseling
- ❒ Dentistry
- ❒ Marriage & Family Therapy
- ❒ Medicine
- ❒ Nursing
- ❒ Nursing Home Adm.
- ❒ Occupational Therapy
- ❒ Optometry
- ❒ Osteopathy
- ❒ Pharmacy
- ❒ Physical Therapy
- ❒ Physician's Assistants
- ❒ Podiatry
- ❒ Psychology
- ❒ Sanitarians
- ❒ Social Work
- ❒ Veterinary

First Name	Middle Name	Last Name
Previous Names Used	**Date of Birth**	**U. S. Social Security Number**
State Board	**License Number**	**Date of Issue**

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date

Basis for Issuance of License:

❒ Examination - Please indicate type of exam (National, Regional, State, etc.) _____

❒ Endorsement - Please indicate name of state _____

License Status	Has the applicant incurred any formal or informal actions in your State?
❒ Current ❒ Lapsed ❒ Inactive	❒ No ❒ Yes - If Yes, Please attach certified copies of any actions.

Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?
❒ No ❒ Yes	❒ No ❒ Yes

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name of Licensing Board _____

(S E A L)

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.